

PERSON WITH A DISABILITY PARKING PERMIT APPLICATION FORM INSTRUCTION SHEET

GENERAL INFORMATION

- You (the applicant) must complete Side 1 of the application. The application may be disapproved if not fully completed.
- You need a physician's verification for a new, first time placard or renewal of an expired placard. The physician's verification is on Side 2 of the Application Form. Your physician's verification is valid for 60 days.
- You must apply **in person** for your first placard or a replacement placard. The only exception is a physician verification that you are unable to apply in person due to your disability. In those situations, someone may bring in your application with all your required identification.
- You may renew by mail or in person. You may apply for a renewal of your placard up to 60 days before it expires.
- You do not need a physician's certification for the replacement of a Lost, Stolen, or Mutilated placard. Your replacement placard will have the same expiration date as your original placard.
- You must have a physician licensed to practice in Hawaii (or a military physician stationed in Hawaii) verify that you meet any one of the conditions listed under item 14 on the application form.
- If you have a placard issued by another state, it cannot substitute for a properly completed application form signed by a physician licensed to practice in Hawaii (or a military physician stationed in Hawaii).
- **CONDITIONS THAT DO NOT QUALIFY INCLUDE, but are not limited to:** blindness, deafness, upper limb amputation, mental retardation/developmental disability, infancy, old age, learning disability, or mental disability.

HOW TO COMPLETE THE APPLICATION FORM

SIDE 1

1. **APPLICANT'S NAME.** Print or type your name, beginning with your last name, then first name, and then middle initial.
2. **IDENTIFICATION NUMBER.** You must present proof that you are a resident of the State of Hawaii. You may present any one of the following forms of identification: current Hawaii Drivers License, State of Hawaii Identification, State of Hawaii Tax Clearance Certificate of Residency Status, or valid Military ID by active military personnel who are stationed in Hawaii. If you are a minor (under the age of 18 years), the identification of your parent or guardian is acceptable. Fill in your identification number and circle the form of ID you are using to verify your residency.
3. **TELEPHONE NUMBER.** Print your telephone number. If you do not have a telephone number, write "NONE."
4. **BIRTH DATE.** Print the month, then day, then year. Example: If your date of birth is June 30, 1965, you would print 06/30/1965.
5. **HEIGHT.** Print your height in feet and inches.
6. **WEIGHT.** Print your weight in pounds.
7. **GENDER.** Mark the box for either Male or Female.
8. **STREET ADDRESS.** Print your street address.

9. **MAILING ADDRESS.** Print your mailing address if it is different from your street address.
10. **COUNTY RESIDENCE.** Mark the box next to the county in which you live. Mark only one box.
11. **PARKING PLACARD REQUEST.** Mark the box next to the type of parking placard for which you are applying.
- A **First** Time Hawaii placard. Mark this category if this is the first time that you have applied for a Hawaii placard. The county issuing agency will charge you a fee for a Temporary Placard.
 - A **Second** Hawaii placard. Mark this category if you would like a second Hawaii placard. The second placard is intended to allow you to park in a reserved parking space for people with disabilities at the airport or parking facility when you travel. If you already have a Hawaii parking placard, print its serial number in the space provided. Check your ID card for your placard number(s). The county issuing agency will charge you a fee for a Second Temporary Placard.
 - A **Renewal** of my Hawaii placard(s). Mark this category item if you want to renew your Hawaii placard. You may apply up to 60 days before it expires. Print the serial number of your expired or expiring placard(s) in the space(s) provided. Check your ID card for your placard number(s). **YOU MUST ALSO HAVE YOUR DISABILITY RECERTIFIED BY A LICENSED PRACTICING PHYSICIAN.** The county issuing agency will charge you a fee for a Temporary Placard.
 - A Replacement of my **Lost** Hawaii placard. Mark this category if your Hawaii placard was lost. Print the serial number of your lost placard in the space provided. Check your ID card for your placard number(s). The county issuing agency will charge you a fee for the replacement of a lost placard.
 - A Replacement of my **Mutilated** Hawaii placard. Mark this category if your Hawaii placard was mutilated (broken or damaged or cannot be hung or the printed letters cannot be read). Print the serial number of your mutilated placard in the space provided. Check your ID card for your placard number(s). You must turn in the mutilated placard or its remaining parts.
 - A Replacement of my **Stolen** Hawaii placard. Mark this category if your Hawaii placard was stolen. Print the serial number of your stolen placard in the space provided. Check your ID card for your placard number(s). Print the police report number in the space provided. The county issuing agency will charge you a fee for the replacement of a stolen placard if you do not have verification of a police report.
 - A Replacement of my **Confiscated/Revoked** Hawaii placard. Mark this category if your Hawaii placard was confiscated or revoked by a law enforcement officer. Print the serial number of your confiscated or revoked placard in the space provided. Check your ID card for your placard number(s).
12. **SPECIAL LICENSE PLATE REQUEST.**
- I am requesting special license plates. Mark this category only if you are requesting special license plates AND if you have a disability that is expected to last at least four years. You may only request special license plates if you are the (1) registered owner of the vehicle on which the special license plates will be affixed and (2) the vehicle will be used primarily to transport you. You may not let other people borrow your car to park it in reserved parking spaces for people with disabilities. If you request special license plates, you may obtain only one placard.
13. **TERMS OF USAGE AND RELEASE OF MEDICAL INFORMATION.** Read the information carefully. This is your statement that you understand the terms of using the placard or special license plates and understand the penalties for misuse. Sign and date the statement. If you are unable to sign due to your disability, your authorized representative may sign on your behalf.

SIDE 2

**TAKE THE APPLICATION FORM TO YOUR DOCTOR TO COMPLETE SIDE 2
IF YOU ARE APPLYING FOR A NEW, FIRST TIME PERMIT OR A RENEWAL.**